

**WAGE DEFERRAL AGREEMENT
KIDS CARE PEDIATRIC ASSOCIATES
PROFIT SHARING PLAN**

Section 1: PARTICIPANT INFORMATION

Last Name	First Name	MI	Social Security Number		
Address - Number and Street			City	State	Zip
Date of Birth: ____/____/____			Date of Hire: ____/____/____		
			Current Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married		
_____ ()			_____ ()		
Work Phone			Home Phone		

Section 2: PARTICIPANT ELECTIONS

The Election is effective for the first pay period beginning on or after ____/____/____.

- You are hereby authorized to reduce my wages by _____% or \$_____ each pay period for contribution on a pre-tax basis to the Kids Care Pediatric Associates Profit Sharing Plan.

PLEASE NOTE: The amount entered may not be less than 1 or more than 75% of your compensation. The IRS maximum for pre-tax regular 401(k) contributions in 2016 is \$18,000. However, if you are age 50 or over, you may defer an additional amount up to \$6,000 in Catch-up Contributions.

Section 3: STATEMENT OF UNDERSTANDING

Please read and check off all boxes below:

- I have completed, understood, and agree to the terms in the Agreement and have read the Summary Plan Description in full.
- I understand that I may elect to start, increase, reduce or totally suspend my elections effective as of each pay period. However, I may start, increase or reduce or revoke my election during the 30 day period following receipt of the Safe Harbor Notice. If I revoke my election, I may resume contributions only as of the dates specified above.
- I understand that I must give the Plan Administrator sufficient time to process any change or revocation of an election. I understand that this Wage Deferral Agreement will be processed in a timely manner, typically within a 15 day period.
- I understand that the election indicated on this agreement will continue into succeeding Plan Years unless I revoke or change the election in accordance with the rules listed above and in the Summary Plan Description.

I understand that this agreement supersedes and nullifies any prior wage deferral agreements under this Plan.

Dated this _____ day of _____, 20__.

Signature of Participant

Print Name of Participant

I do not wish to have deferrals withheld from my wages and contributed to the Plan at this time.

Date: _____

Signature: _____